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STATE OF NEW YORK
DEPT OF CORRECTIONS AND COMMUNITY SUPERVISION
UNUSUAL INCIDENT REPORTPRINTED AT
01/25/16 10:48 AMAUBURN GENERAL FAC CODE 010 FAC LOG# 160023 CCC# 247936
CB LOG# 160018

INCIDENT DATE 01/21/16 TIME 03:30 PM LOCATION BLOCK 0D

TELEPHONE DATE 01/21/16 TIME 07:05 PM

PERSON CALLING LT T.QUINN
PERSON RECEIVING CAPT JEREMIAH BROOKS

REPORT DATE 01/22/16 PERSON REPORTING LT T. QUINN

USE OF FORCE NO WEAPON USED NO WORKPLACE VIOLENCE NO

CONTRABAND (03) 21
WEAPON - TOOTHBRUSH

DESCRIPTION:

SGT.PYKE AUTHORIZED CO.CORNELL TO FRISK CELL D-4-37 BROWN 11A4897 BASED ON SUSPICION.CO.CORNELL PAT FRISKED THE INMATE PRIOR TO CELL FRISK.CO.CORNELL FELT AN OBJECT IN THE INMATE'S BUTTOCKS AREA.SGT.PYKE NOTIFIED AND AUTHORIZED A STRIP FRISK.THE INMATE WAS STRIP FRISKED IN D-4+5 CENTER ROOM BY CO.CORNELL.PRIOR TO THE STRIP FRISK THE INMATE VOLUNTARILY SURRENDERED A TOOTHBRUSH TYPE WEAPON FROM HIS BUTTOCKS AREA.STRIP FRISK COMPLETED,NCF.SGT.PYKE NOTIFIED.

EVENTS CAUSING:

INMATE BROWN, 11A4897, D-4-37, HAD A TOOTHBRUSH TYPE WEAPON CONCEALED IN HIS BUTTOCKS AREA, WHICH WAS RECOVERED BY STAFF DURING A PAT FRISK PRIOR TO A CELL FRISK.

ACTION TAKEN:

WEAPON RECOVERED IS A TOOTHBRUSH HANDLE SHARPENED TO A POINT AT ONE END WITH A CLOTH HANDLE 8"X1/2".WEAPON WAS PHOTOGRAPHED AND SECURED PER 4910A.

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INCIDENT DATE 01/21/16 TIME 03:30 PM LOCATION BLOCK OD

USE OF FORCE NO WEAPON USED NO WORKPLACE VIOLENCE NO

ACTION TAKEN:

(CONTINUED)

INMATE WAS MOVED TO SHU.SGT.CLAFLIN COMPLETED FORM 3152 INMATE TRIGGERED
4,5,6,MHU RN.CORNALL NOTIFIED.INMATE MOVED TO MHU,PER MHU.
INMATE'S CELL FRISK COMPLETED,NCF.ALL REPORTS FILED.SUPT.GRAHAM
OD.DSA.FENNESSY NOTIFIED.

MEDICAL REPORT:

N/A

PROPERTY DAMAGE:

N/A

NOTIFICATION (FAMILY):

N/A

NOTIFICATION (POLICE/OTHER):

N/A

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INCIDENT DATE 01/21/16 TIME 03:30 PM LOCATION BLOCK OD

USE OF FORCE NO WEAPON USED NO WORKPLACE VIOLENCE NO

INMATE INFORMATION:

BROWN, DONNESIA

11A4897

DOB 08/10/1968 ETHNIC- BLACK

GEN INCIDENT - SPECIFIC INCIDENTROLEWEAPONFORCEINJURY

CONTRABAND - WPN-TOOTHBRUSH

PERP

EMPLOYEE INFORMATION:

PYKE, STEVEN M

SGT

GEN INCIDENT - SPECIFIC INCIDENTFORCEINJURYDEGREE

CONTRABAND - WPN-TOOTHBRUSH

CORNELL, MATTHEW S

CO

GEN INCIDENT - SPECIFIC INCIDENTFORCEINJURYDEGREE

CONTRABAND - WPN-TOOTHBRUSH

CLAFLIN, JEFFREY W

SGT

GEN INCIDENT - SPECIFIC INCIDENTFORCEINJURYDEGREE

CONTRABAND - WPN-TOOTHBRUSH

NAME UNAVAILABLE

OMH

GEN INCIDENT - SPECIFIC INCIDENTFORCEINJURYDEGREE

CONTRABAND - WPN-TOOTHBRUSH

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CONTRABAND INFORMATION:

CB LOG# 160018

CB DATE 01/21/2016 03:30PM LOCATION BLOCK 0D
ITEM 001 WPN-TOOTHBRUSH PLASTIC NUMBER OF ITEMS 1RECOVERED BY: CO CORNELL, MATTHEW S
RECOVERED FROM: INMATE 11A4897 BROWN, DONNESIA

DESCRIPTION:

1-TOOTHBRUSH HANDLE 8"X1/2" SHARPENED TO A POINT AT ONE END WITH A CLOTH
HANDLE INMATE VOLUNTARILY SURRENDERED THE WEAPON PRIOR TO A STRIP FRISK. IN
D-4+5 CENTER ROOM.

SPT HAROLD GRAHAM
SUPERINTENDENT01/25/16
DATE

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DEPT OF CORRECTIONS AND COMMUNITY SUPERVISION
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01/22/16 10:40 AM

AUBURN GENERAL

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CCC# 247936

CB LOG# 160018

INCIDENT DATE 01/21/16 TIME 03:30 PM LOCATION BLOCK 0D

TELEPHONE DATE 01/21/16 TIME 07:05 PM

PERSON CALLING LT. T. QUINN
PERSON RECEIVING CAPT JEREMIAH BROOKS

REPORT DATE 01/22/16 PERSON REPORTING LT T. QUINN

USE OF FORCE NO WEAPON USED NO

CONTRABAND (03) 21
WEAPON - TOOTHBRUSH

DESCRIPTION:

SGT.PYKE AUTHORIZED CO.CORNELL TO FRISK CELL D-4-37 BROWN 11A4897 BASED ON SUSPICION.CO.CORNELL PAT FRISKED THE INMATE PRIOR TO CELL FRISK.CO.CORNELL FELT AN OBJECT IN THE INMATE'S BUTTOCKS AREA.SGT.PYKE NOTIFIED AND AUTHORIZED A STRIP FRISK.THE INMATE WAS STRIP FRISKED IN D-4+5 CENTER ROOM BY CO.CORNELL.PRIOR TO THE STRIP FRISK THE INMATE VOLUNTARILY SURRENDERED A TOOTHBRUSH TYPE WEAPON FROM HIS BUTTOCKS AREA.STRIP FRISK COMPLETED,NCF.SGT.PYKE NOTIFIED.

EVENTS CAUSING:

INMATE BROWN, 11A4897, D-4-37, HAD A TOOTHBRUSH TYPE WEAPON CONCEALED IN HIS BUTTOCKS AREA, WHICH WAS RECOVERED BY STAFF DURING A PAT FRISK PRIOR TO A CELL FRISK.

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INMATE WAS MOVED TO SHU.SGT.CLAFLIN COMPLETED FORM 3152 INMATE TRIGGERED
4,5,6,MHU RN.CORNALL NOTIFIED.INMATE MOVED TO MHU,PER MHU.
INMATE'S CELL FRISK COMPLETED,NCF.ALL REPORTS FILED.SUPT.GRAHAM
OD.DSA.FENNESSY NOTIFIED.

MEDICAL REPORT:

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PROPERTY DAMAGE:

N/A

NOTIFICATION (FAMILY):

N/A

NOTIFICATION (POLICE/OTHER):

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INMATE INFORMATION:

BROWN, DONNESIA

11A4897

DOB 08/10/1968 ETHNIC- BLACK

GEN INCIDENT - SPECIFIC INCIDENT
CONTRABAND - WPN-TOOTHBRUSHROLE
PERPWEAPONFORCEINJURY

EMPLOYEE INFORMATION:

PYKE, STEVEN M

SGT

GEN INCIDENT - SPECIFIC INCIDENT
CONTRABAND - WPN-TOOTHBRUSHFORCEINJURYDEGREE

CORNELL, MATTHEW S

CO

GEN INCIDENT - SPECIFIC INCIDENT
CONTRABAND - WPN-TOOTHBRUSHFORCEINJURYDEGREE

CLAFLIN, JEFFREY W

SGT

GEN INCIDENT - SPECIFIC INCIDENT
CONTRABAND - WPN-TOOTHBRUSHFORCEINJURYDEGREE

NAME UNAVAILABLE

OMH

GEN INCIDENT - SPECIFIC INCIDENT
CONTRABAND - WPN-TOOTHBRUSHFORCEINJURYDEGREE

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CB LOG# 160018

CB DATE 01/21/2016 03:30PM LOCATION BLOCK 0D

ITEM 001 WPN-TOOTHBRUSH PLASTIC NUMBER OF ITEMS 1

RECOVERED BY: CO CORNELL, MATTHEW S

RECOVERED FROM: INMATE 11A4897 BROWN, DONNESIA

DESCRIPTION:

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D-4+5 CENTER ROOM.



SUPERINTENDENT'S SIGNATURE

DATE

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TELEPHONE DATE 01/21/16 TIME 07:05 PM

PERSON CALLING LT T.QUINN
PERSON RECEIVING CAPT JEREMIAH BROOKS

USE OF FORCE NO WEAPON USED NO

CONTRABAND (03) 21
WEAPON - TOOTHBRUSH

DESCRIPTION:

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USE OF FORCE NO WEAPON USED NO

ACTION TAKEN:

(CONTINUED)

INMATE'S CELL FRISK COMPLETED, NCF. ALL REPORTS FILED. SUPT. GRAHAM
OD. DSA. FENNESSY NOTIFIED.

MEDICAL REPORT:

PROPERTY DAMAGE:

NOTIFICATION (FAMILY):NOTIFICATION (POLICE/OTHER):

INMATE INFORMATION:

BROWN, DONNESIA

11A4897

DOB 08/10/1968 ETHNIC- BLACK

GEN INCIDENT - SPECIFIC INCIDENT
CONTRABAND - WPN-TOOTHBRUSH

ROLE
PERP

WEAPON

FORCE

INJURY

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EMPLOYEE INFORMATION:

PYKE, STEVEN M

SGT

GEN INCIDENT - SPECIFIC INCIDENT
CONTRABAND - WPN-TOOTHBRUSHFORCEINJURYDEGREE

CORNELL, MATTHEW S

CO

GEN INCIDENT - SPECIFIC INCIDENT
CONTRABAND - WPN-TOOTHBRUSHFORCEINJURYDEGREE

CLAFLIN, JEFFREY W

SGT

GEN INCIDENT - SPECIFIC INCIDENT
CONTRABAND - WPN-TOOTHBRUSHFORCEINJURYDEGREE

NAME UNAVAILABLE

OMH

GEN INCIDENT - SPECIFIC INCIDENT
CONTRABAND - WPN-TOOTHBRUSHFORCEINJURYDEGREE

CONTRABAND INFORMATION:

CB LOG# 160018

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PERSON CALLING LT T.QUINN
PERSON RECEIVING CAPT JEREMIAH BROOKS

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CONTRABAND (03) 21
WEAPON - TOOTHBRUSH

DESCRIPTION:

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INMATE INFORMATION:

BROWN, DONNESIA

11A4897

DOB 08/10/1968 ETHNIC- BLACK

GEN INCIDENT - SPECIFIC INCIDENT
CONTRABAND - WPN-TOOTHBRUSH

ROLE
PERP

WEAPONFORCEINJURY

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USE OF FORCE NO WEAPON USED NO

EMPLOYEE INFORMATION:

PYKE, STEVEN M

SGT

GEN INCIDENT - SPECIFIC INCIDENT
CONTRABAND - WPN-TOOTHBRUSH

FORCEINJURYDEGREE

CORNELL, MATTHEW S

CO

GEN INCIDENT - SPECIFIC INCIDENT
CONTRABAND - WPN-TOOTHBRUSH

FORCEINJURYDEGREE

CLAFLIN, JEFFREY W

SGT

GEN INCIDENT - SPECIFIC INCIDENT
CONTRABAND - WPN-TOOTHBRUSH

FORCEINJURYDEGREE

NAME UNAVAILABLE

OMH

GEN INCIDENT - SPECIFIC INCIDENT
CONTRABAND - WPN-TOOTHBRUSH

FORCEINJURYDEGREE

CONTRABAND INFORMATION:

CB LOG# 160018

CB DATE 01/21/2016 03:30PM LOCATION BLOCK 0D

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USE OF FORCE NO WEAPON USED NO

FOR CENTRAL OFFICE USE ONLY		FOR FACILITY USE ONLY	
NOTIFIED	TIME	NOTIFIED	TIME
DOD	_____	SUPERINTENDENT	_____
COMMISSIONER	_____	FAC OD	_____
OFFICE SPECL INVSTIGN	_____	FACILITY-OTHER	_____
PUBLIC RELATIONS	_____	DEPARTMENT CCC	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDUM

To: Lt. Quinn
From: Sgt. S. Pyke
Subject: U.I. # 16-0023
Date: 01/21/2016

On the above date and approximately 3:30 P.M. I ordered Officer M. Cornell to perform a suspicion frisk of inmate Brown, D. 11A4897 who locked in D-4-37 cell. Officer Cornell ordered Brown out of his cell and submit to a pat frisk. During the pat frisk Officer Cornell felt an unknown object in Brown's buttocks area. At that point I authorized Officer Cornell to perform a strip frisk of Brown in D-Block 4 and 5 center room. During the strip frisk Brown voluntarily surrendered an ice pick type weapon from between his buttocks. The remainder of the strip frisk was conducted with no further contraband found. Brown was placed in mechanical wrist restraints and per your direction escorted to SHU-D by Officer G. Steinberg and myself. Brown was processed in SHU-D where he failed three triggers on the 3152 mental health screening form and was admitted to MHU isolation room 6.

The weapon measures 8 inches x ½ inch fashioned from a toothbrush sharpened to a point at one end with the other end having a cloth handle. Pictures were taken of the weapon then it was bagged and placed in the evidence drop box per directive 4910A. All other supporting documentation has been filled out and filed.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "S. Pyke", written over a horizontal line.

S. Pyke Sergeant



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDUM

To: SGT PYKE
From: C.D. CORNELLI
Subject: C17#16-0023 (BROWN, D. 11A 4897)
Date: 1/21/16 APPROX 3:30pm

ON THE ABOVE DATE AND APPROXIMATE TIME I WAS ORDERED BY SGT PYKE TO FRISK BROWN, D. 11A 4897 WHO OCCUPIED D-4-37 CELL. I ORDERED BROWN OUT OF HIS CELL TO SUBMIT TO A PAT FRISK ON D-4 COMPANY. DURING THE PAT FRISK OF BROWN I FELT AN UNKNOWN OBJECT IN BROWN'S BUTTOCKS AREA. I NOTIFIED SGT PYKE WHO AUTHORIZED ME TO CONDUCT A STRIP FRISK OF BROWN IN THE D BLOCK 4th CENTER ROOM. DURING THE STRIP FRISK BROWN VOLUNTARILY SURRENDERED TO ME FROM HIS BUTTOCKS AREA AN ICE PICK TYPE WEAPON FASHIONED OUT OF A TOOTH BRUSH MEASURING APPROXIMATELY 8" LONG BY 1/2" WIDE. THE WEAPON WAS SHARPENED TO A POINT ON ONE END AND HAD A CLOTH HANDLE ON THE OTHER END. THE WEAPON WAS PHOTOGRAPHED, BAGGED, AND SECURED IN THE EVIDENCE DROP BOX PER DIRECTIVE 4910A.

Respectfully submitted,

M. Cornelli *[Signature]*

FORM 1140 (1/94)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES

Ref: Dir.#4910

REPORT OF STRIP SEARCH OR STRIP FRISK

DATE: 1/21/16
TIME: APPROX 3:30 PM

INMATE NAME: BROWN, DONNESIA		DIN#: 11A4897	LOCATION: D BLOCK 4'S CENTER ROOM
BASIS OF SEARCH/FRISK: GIVE REASONS FELT AN UNKNOWN OBJECT IN BROWN'S BUTTOCKS			
<input checked="" type="checkbox"/> PROBABLE CAUSE	AREA DURING PAT FRISK ON D-4 COMPANY		
<input type="checkbox"/> OTHER			
TYPE OF SEARCH			
<input type="checkbox"/> STRIP SEARCH			
<input checked="" type="checkbox"/> STRIP FRISK			
AUTHORIZED BY	S. Ryke	SIGNATURE	[Signature]
NAME/RANK OF PERSON(S) CONDUCTING FRISK:			
1) M. CORNELL		2)	
- If Other Staff are Present, List Name/Rank, and Explain Why Their Presence was Necessary and Who Authorized Their Presence:			
RESULTS OF SEARCH ICE PICK TYPE WEAPON FASHIONED OUT OF A TOOTH BRUSH			
MEASURING APPROX 8" LONG BY 1/2" WIDE WITH CLOTH HANDLE.			
WAS FORCE REQUIRED TO COMPLETE THE SEARCH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Orig. IRC (Inmate File)		cc: Captain (Retain 1 Yr.)	cc: DSS
		SIGNATURE	[Signature]

FORM 2171A (6/14)
Side 1


STATE OF NEW YORK - DEPARTMENT C

AUBURN

A 0000141402

INMATE MISBEHAVIOR REPORT + INFOR

Case No. 16-0023 Evidence/Property USO

1. NAME OF INMATE (Last, First) + NOMBRE DEL RECLUSO (Apellido, Nombre) BROWN, DONNESIA		Case No. 16-0023	Evidence/Property	USO
2. LOCATION OF INCIDENT + LUGAR DEL INCIDENTE D BLOCK 4'S CENTER ROOM		INCIDENT DATE + FECHA 1/21/16	INCIDENT TIME + HORA D-4-37 APPROX 3:30 PM	
3. RULE VIOLATION(S) + VIOLACIONES 113.10- WEAPON ; 113.11- ALTERED ITEM				
4. DESCRIPTION OF INCIDENT + DESCRIPCIÓN DEL INCIDENTE ON THE ABOVE DATE AND APPROXIMATE TIME I WAS ORDERED BY SGT PYKE TO CONDUCT A SUSPICION FRISK OF BROWN, D.C. 11A4897 WHO OCCUPIED D-4-37 CELL. I ORDERED BROWN OUT OF HIS CELL AND SUBMIT TO A PAT FRISK ON D-4 COMPANY. DURING THE PAT FRISK OF BROWN I FELT AN UNKNOWN OBJECT IN BROWN'S BUTTOCKS AREA. I NOTIFIED SGT PYKE WHO AUTHORIZED ME TO STRIP FRISK BROWN IN THE D BLOCK 4'S CENTER ROOM. DURING THE STRIP FRISK BROWN VOLUNTARILY SURRENDERED TO ME FROM HIS BUTTOCKS AREA AN ICE PICK TYPE WEAPON FASHIONED OUT OF A TOOTH BRUSH MEASURING APPROXIMATELY 8" LONG BY 1/2" WIDE. THE WEAPON WAS SHARPENED TO A POINT ON ONE END AND HAD CLOTH HANDLE ON THE OTHER END. NO OTHER CONTRABAND WAS FOUND DURING THE STRIP FRISK. THE WEAPON WAS BAGGED, PHOTOGRAPHED, AND SECURED IN THE EVIDENCE DROP BOX PER DIRECTIVE 4910A.				
REPORT DATE + FECHA 1/21/16	REPORTED BY + NOMBRE DE LA PERSONA QUE HACE EL INFORME M. Cornell	SIGNATURE + FIRMA 		TITLE + TÍTULO C.O.
5. ENDORSEMENTS OF OTHER EMPLOYEE WITNESSES (if any) SIGNATURES: ENDOSOS DE OTROS EMPLEADOS TESTIGOS (si hay) FIRMAS: 1. _____ 2. _____ 3. _____				

NOTE: Fold back Page 2 on dotted line before completing below.

6. WERE OTHER INMATES INVOLVED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, GIVE NAME & # _____	
¿HUBO OTROS RECLUSOS ENVUELTOS? SÍ <input type="checkbox"/> NO <input type="checkbox"/> DE SER SÍ DÉ LOS NOMBRES Y DIN _____	
7. AT THE TIME OF THIS INCIDENT, WAS INMATE UNDER PRIOR CONFINEMENT/RESTRICTION? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ¿ESTUVO EL RECLUSO CONFINADO/RESTRINGIDO PREVIO AL INCIDENTE? SÍ <input type="checkbox"/> NO <input type="checkbox"/>	
AS A RESULT OF THIS INCIDENT, WAS INMATE CONFINED/RESTRICTED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ¿SE CONFINÓ/RESTRINGÓ AL RECLUSO COMO RESULTADO DE ESTE INCIDENTE? SÍ <input type="checkbox"/> NO <input type="checkbox"/>	
8. WAS INMATE MOVED TO ANOTHER HOUSING UNIT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ¿MUDARON AL RECLUSO A OTRA UNIDAD DE VIVIENDA? SÍ <input type="checkbox"/> NO <input type="checkbox"/> IF YES, (a) CURRENT HOUSING UNIT SHU-D (b) AUTHORIZED BY LT QUINN DER SER SÍ, (a) UNIDAD DE VIVIENDA ACTUAL (b) AUTORIZADO POR _____	
9. WAS PHYSICAL FORCE USED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (IF YES, FILE FORM 2104) ¿SE USÓ FUERZA FÍSICA? SÍ <input type="checkbox"/> NO <input type="checkbox"/> (DER SER SÍ, SOMETA EL FORMULARIO No. 2104) _____	
AREA SUPERVISOR ENDORSEMENT ENDOSO DEL SUPERVISOR DEL ÁREA Brown v. Cornell, 9:17-cv-1036-000173	

ATTACHMENT A

NO. 4937, Urinalysis Testing

DATE 05/14/2012 PAGE 5 of 9

FORM 2002
(REV. 05-12)STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
REQUEST FOR URINALYSIS

FACILITY Auburn Correctional Facility Test # _____
 INMATE NAME Brown, D NUMBER 11A4897 CELL MHC-ISO-6
 REQUEST MADE BY S. Nyer DATE 01-21-2016
 AGENT(S) SUSPECTED (IF ANY) Full Scan
 CIRCUMSTANCES LEADING TO REQUEST weapon found on person

TEST APPROVED BY: J. Gravelle DATE 1/21/16
 INMATE TOLD THE UNDERLYING REASON WHY HE IS BEING ORDERED TO SUBMIT A URINE SPECIMEN (CIRCLE ONE)
 SUSPICION, ROUTINE, RANDOM)
 BY _____ DATE _____ TIME _____
 HAS INMATE TAKEN MEDICATION RECENTLY? (YES OR NO) SPECIFY _____

INMATE ORDERED TO SUBMIT SPECIMEN: DATE _____ TIME _____
 SPECIMEN WITNESSED AND OBTAINED BY _____ DATE _____ TIME _____
 DOES INMATE WILLFULLY REFUSE TO SUBMIT SPECIMEN? (YES OR NO)
 DOES INMATE CLAIM TO BE UNABLE TO SUBMIT SPECIMEN IN THE PRESENCE OF OTHERS?
 (YES OR NO)* DATE _____ TIME _____

*(In the event an inmate makes this claim, the procedures in Directive #4937, section IV-E shall be followed).

IF INMATE CLAIMS TO BE UNABLE TO SUBMIT SPECIMEN, HAS INMATE BEEN GIVEN AT LEAST THREE HOURS TO SUBMIT SPECIMEN? (YES OR NO)

SPECIMEN TESTED BY (1ST TEST) _____ DATE _____ TIME _____
 RESULTS _____
 SPECIMEN TESTED BY (2ND TEST) _____ DATE _____ TIME _____
 RESULTS _____

CHAIN OF CUSTODY (STARTING WITH STAFF OBTAINING SPECIMEN, ATTACH ADDITIONAL PAGES IF NECESSARY)

FROM _____	TO _____	DATE _____	TIME _____
FROM _____	TO _____	DATE _____	TIME _____
FROM _____	TO _____	DATE _____	TIME _____
FROM _____	TO _____	DATE _____	TIME _____
FROM _____	TO _____	DATE _____	TIME _____
FROM _____	TO _____	DATE _____	TIME _____
FROM _____	TO _____	DATE _____	TIME _____
FROM _____	TO _____	DATE _____	TIME _____
FROM _____	TO _____	DATE _____	TIME _____

This form is to be filled out COMPLETELY. It is to accompany the specimen until the specimen is tested.

If the specimen is positive, a MISBEHAVIOR REPORT shall be written.

SUICIDE PREVENTION SCREENING GUIDELINES – SHU/KEEPLOCK (KL) ADMISSION

Ref. Dir. #4101

This form will be completed immediately upon admission to SHU or a separate KL unit. If an inmate is taken to the Infirmary on the way to SHU/KL, this form will be filled out by health care staff and delivered to the SHU/KL Supervisor. At all other times, the form will be filled out by the SHU/KL Supervisor. Please note that in cases of regular (non-emergency) referral to Mental Health, an additional Form #3150, "Mental Health Referral" is not required. The #3152SHU/KL non-emergency referral form will function as the mental health referral.

NAME <u>Brown, D.</u>	DIN <u>11A4897</u>	DATE <u>1/21/16</u>	TIME <u>3:55 pm</u>
Name of Facility <u>Auburn</u>	Name of Screening Person <u>Sgt. C. K. L.</u>	Length of SHU/KL Sentence <u>Penitentiary</u>	
Reason Inmate is admitted to SHU/KL unit <u>Disobedience - Weapon</u>			

Check appropriate YES or NO Response for Each Question

Observations of Escorting Officer

Escorting Officer observed bizarre behavior or behavior that may be a sign of suicide risk.

YES NO

***	<input checked="" type="checkbox"/>
-----	-------------------------------------

ANY COMMENTS/OBSERVATIONS

SHU/KEEPLOCK Screening Questions

1. Have you served SHU/KL time before?	<input checked="" type="checkbox"/>	
2. Other than at reception, have you been seen by Mental Health staff while incarcerated?	<input checked="" type="checkbox"/>	
3. Are you currently an active mental health patient?	<input checked="" type="checkbox"/>	
4. Have you tried to commit suicide while incarcerated?	<input checked="" type="checkbox"/>	
5. Are you feeling suicidal?	<input checked="" type="checkbox"/>	
6. Do you feel you can adjust to SHU/KL confinement?		<input checked="" type="checkbox"/>
7. Do you feel you have anything to look forward to in the future?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8. Are you currently taking any mental health medications?		<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>

Behaviors/Appearance

9. Inmate has visible marks of self-mutilation.	<input checked="" type="checkbox"/>
10. Inmate shows signs of depression (e.g., crying, withdrawn).	<input checked="" type="checkbox"/>
11. Inmate appears anxious, scared, irritable or angry.	<input checked="" type="checkbox"/>
12. Inmate appears to have poor hygiene (e.g., smells, debris in hair).	<input checked="" type="checkbox"/>
13. Inmate is having trouble following direction or responding appropriately.	<input checked="" type="checkbox"/>
14. Inmate appears to be under the influence of alcohol or drugs, is incoherent or otherwise acting in an abnormal manner.	<input checked="" type="checkbox"/>

***	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>
***	<input checked="" type="checkbox"/>

Actions:

- If any box marked with *** is checked, make an immediate (emergency) referral to Mental Health and notify the Watch Commander. If the inmate refuses to answer any of the screening questions where *** is marked (questions 4 through 7), note that fact in the comments section and make an immediate referral to OMH.
- If any of the other YES boxes are checked in the Behaviors/Appearances section, make a regular (non-emergency) referral to Mental Health.

Mental Health referral needed

☒ Yes

☐ No

If yes, type of Mental Health Notification

☐ Regular (Non-Emergency) Referral

☒ Immediate (Emergency) Phone Referral

If regular referral, how was notification made?

☒ Phone

☐ In-Writing

☐ In-Person

If immediate (emergency) referral name and title of clinician contacted is required:

S. O'Sterhoudt

RN

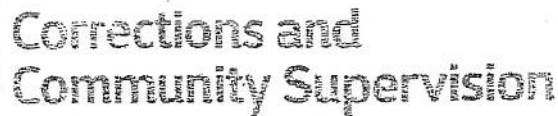
Name

Title

- If for any other reason you feel there is a problem with the inmate, notify Mental Health and call the Watch Commander.

The source of a mental health referral is protected from disclosure under Mental Health Law, Section 33.13 and 33.18, if such disclosure would be detrimental to the referral source, to the patient, or to other persons.

Distribution: White - OMH "If no OMH referral was "required" or the facility does NOT have OMH Brown v. Cornell 9:17-cv-1036 000175
Canary - SHU/KL Supervisor (for the SHU/KL file) Pink - Watch Commander Goldenrod - Medical/Health Record Psych. Section



ANTHONY J. ANNUCCI
Acting Commissioner

PROTECTIVE CUSTODY WAIVER

I Brown, D. DIN 11 A 4897 CELL 4V-D E-1 feel that I have no need for protection from anyone here at Auburn Correctional Facility. I feel that at this time, there is no threat to my life by remaining in general population.

Circumstances leading up to interview:

Admitted to SN-D for possessing a weapon.

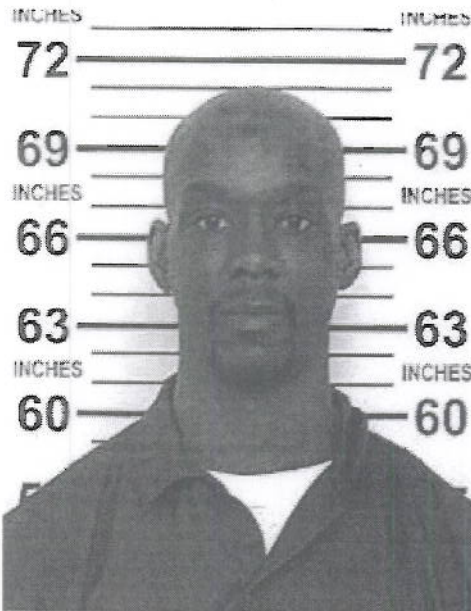
Inmate signature: E. R. Howell Date: 1/21/16
Interviewer's signature: Refused to sign Date: 1/21/16

I _____ **DO** **DO NOT**, (circle one)
 want to pursue criminal charges in regard to the above matter.
 Inmate signature: _____ Date: _____
 Interviewer's signature: _____ Date: _____

**Department of Correctional Services**
Inmate Photographs

C010MJ0 - 1/22/2016 10:27 AM

Close

**INMATE INFORMATION:**

Name:	BROWN, DONNESIA		IN CUSTODY AUBURN GENERAL
DIN:	11A4897	Status:	
NYSID:	05333521P	Owning Facility:	BLACK NOT HISPANIC
Gender:	MALE	Race:	
Date of Birth:	8/10/1968	Ethnicity:	

PHYSICAL CHARACTERISTICS:

Hair:	BL/BLD	Height:	5' 11"
Eyes:	BROWN	Weight:	165

TATTOOS: RIGHT SHOULDER "MOB".LEFT ARM-"DEE"**PHOTO INFORMATION:**

Facility Taken:	AUBURN
Date Taken:	4/9/2014 9:13 AM



(3/16) Contraband/Evidence Photograph Card

Photography facility
as needed

Item Description: ICE PICK TYPE WEAPON 8" X 1/2" CLOTH HANDLE

Date/Time 1/21/2016 / 3:30PM Found by: CO M. CORNELL

Facility Contraband/Evidence Control #:

Inmate Name: BROWN, D. DIN # 11A4897

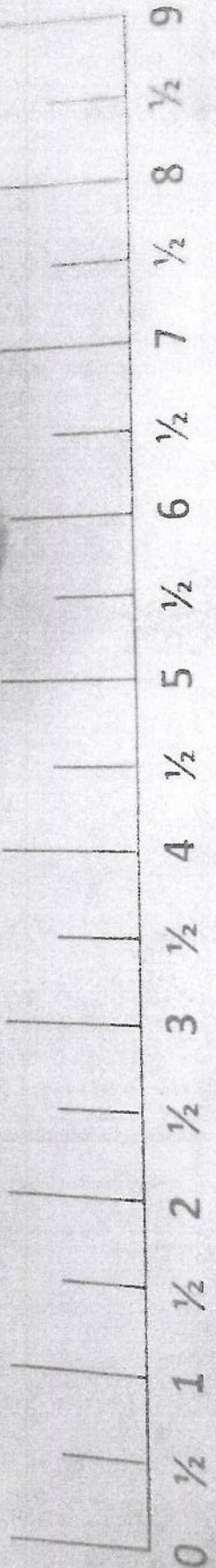
Where found: ON PERSON BUTTOCKS AREA

Photographer: CO M MATTIE

Electronic UE/Contraband #'s (if applicable):

Facility
Contraband #:
(if applicable)

UI #: 16-0023



PAGE 11 of 12

DATE 01/18/2019

Attachment B



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

To: DSS E. Fagan
From: Lt. M. Ouimette Acting Captain
Subject: Unusual Incident 16-0023 Toothbrush Weapon
Date: January 22, 2016

EVENTS CAUSING:

Inmate Brown, 11A4897, D-4-37, had a toothbrush type weapon concealed in his buttocks area, which was recovered by staff during a pat frisk prior to a cell frisk.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "M. Ouimette".

Michael Ouimette Lt.

Michael Ouimette Lieutenant

FORM #2077 (Rev. 8/01)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES

CONTRABAND RECEIPT

Original - Inmate
Copy - D.S.S

DATE/TIME 1-21-16 Approx.

LOCATION D-4-37

Auburn CORRECTIONAL FACILITY

INMATE NAME		DIN	OFFICER CONDUCTING SEARCH	
Brown, D		11A4897	SIGNATURE	
<input checked="" type="checkbox"/> NO CONTRABAND FOUND <input type="checkbox"/> NO PROPERTY DAMAGED DURING SEARCH		PRINT NAME		
ITEMS CONFISCATED OR DAMAGED		COMMENTS		
NCF				
DISPOSITION OF ITEMS LISTED		PERSON RECEIVING ITEMS		
		SIGNATURE		
		PRINT NAME		
Brown		YOU MAY WRITE TO THE DEPUTY SUPERINTENDENT FOR SECURITY WITHIN 7 DAYS OF THIS RECEIPT REGARDING THE CONFISCATION OR DISPOSITION OF THESE ITEMS.		

(3/16) Contraband/Evidence Photograph Card

Photograph taken by
an inmate

Item Description: ICE PICK TYPE WEAPON 8" X 1/2" CLOTH HANDLE

Date/Time 1/21/2016 / 3:30PM

Found by: CO M. CORNELL

Facility Contraband/Evidence Control #:

Inmate Name: BROWN, D.

DIN # 11A4897

Where found:

ON PERSON BUTTOCKS AREA

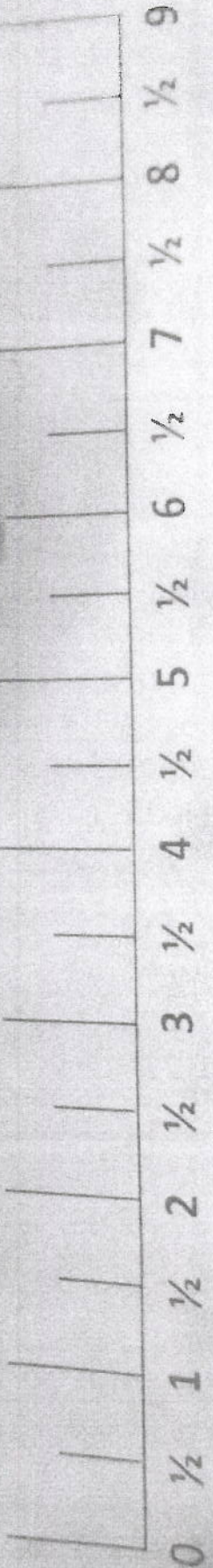
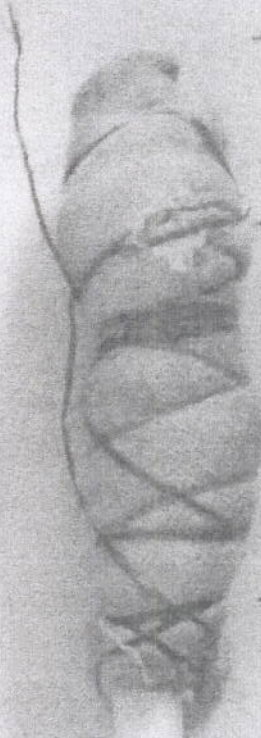
Photographer:

CO M MATTIE

Electronic UI/Contraband #'s (if applicable):

UI #: 16-0023

Facility

Contraband #:
(if applicable)

PAGE 11 OF 12

DATE 03/18/2010

No. J010A Contraband/Evidence - Missing, Seized, and Destroyed

Attachment B

Agency ACF Case No. 160023
 Item No. _____ Offense 11310
 Suspect BROWN, RONNIEA
 Victim NA
 Date and Time of Recovery 11/21/16 3:30
 Recovered By M. GENE G

Description and/or Location ICE PICK
TYPE WEAPON MEASURE APPROX
8" LONG BY 1/2" WIDE FANTASY
FROM A TOOTH BRUSH WITH
CLASP ATTACHED

CHAIN OF CUSTODY

FROM	TO	DATE
C. A. Cornell	<u>BROWN</u>	<u>11/21/16</u>
	<u>DEPT BOX</u>	

TO USE:

- 1) Remove Release Liner from Flap.
- 2) Fold Where Indicated. BAG IS NOW SEALED.
- 3) Tear Where Indicated and Retain Evidence Receipt.

CAUTION: ATTEMPTS TO REOPEN WILL DISTORT SEALED AREA.

Condition of Bag when Opened: ☐ Sealed☐ Other _____

OPENED BY: _____ DATE _____

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TO REMOVE CONTENTS — CUT ALONG BOTTOM